

CREDIT CARD PAYMENT BY MAIL/FAX

City of Sheboygan/Village of Kohler Municipal Court

1315 N. 23rd Street – Suite 102

Sheboygan, WI 53081

Telephone: (920)459-0212 Fax: (920)459-0217

Name (Please Print): _____
Last First Middle Initial

Address: _____
Street Apt. No.

City State Zip Code

I authorize payment for the following:

Citation Number(s):	Judgment Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL PAYMENT:	\$ _____

Credit Card Type: ☐ VISA ☐ MASTERCARD

Credit Card Number: _____ Expiration Date: ____/____
Month Year

Signature: _____

Comments: _____

Notice: You must contact the court to make sure your payment has been processed. DO NOT ASSUME THE PAYMENT HAS BEEN PROCESSED. Keep a copy for your own records.

FOR COURT USE ONLY:

Received By: _____ Date: _____

Comments: _____